



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 13, 2006

FILE COPY

Mary Smith, Administrator
Rosewind House
5815 Coffey St
Garden City, ID 83714

License #: RC-545

Dear Ms. Smith:

On August 11, 2006, a survey was conducted at Rosewind House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Keith Barkow, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

KEITH BARKOW
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

KB/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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August 25, 2006

Mary Smith, Administrator
Rosewind House
5815 Coffey St
Garden City, ID 83714

Dear Ms. Smith:

On August 11, 2006, a life safety code survey was conducted at Rosewind House. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 10, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "M Grimes".

MARK GRIMES
Supervisor
Fire/Life Safety & Sanitation Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R545	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2006
NAME OF PROVIDER OR SUPPLIER ROSEWIND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 5815 COFFEY ST BOISE, ID 83714		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on Friday August 11, 2006. The surveyor conducting the survey was:</p> <p>Keith Barkow Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

X5BE21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name ROSEWIND HOUSE	Physical Address 5815 COFFEY ST.	Phone Number 208-377-9980
Administrator MARY Cecilia Smith	City GARDEN CITY	ZIP Code 83714
Survey Team Leader KEITH BARKOW	Survey Type FIRE & LIFE SAFETY	Survey Date 8/11/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	IDAPA 16.03.22.400	REMOVE ALL COMBUSTIBLE STORAGE OUT OF ALL MECHANICAL, ELECTRICAL, BOILER / FURNACE ROOMS. NO STORAGE OF ANY KIND ALLOWED.	
2	IDAPA 16.03.22.400	REMOVE ALL EXTENSION CORDS FROM RESIDENTS ROOMS. USE UL APPROVED SURGE SUPPRESSORS OR POWER STRIPS FOR PORTABLE ELECTRICAL EQUIPMENT and or devices.	
3.	IDAPA 16.03.22.400	ALL MECHANICAL, ELECTRICAL ROOM DOORS MUST HAVE door sign for IDENTIFICATION.	

Response Required Date

9/11/06

Signature of Facility Representative

Mary Cecilia Smith